

FILED JUN 9 1943 318

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3504a University Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Martin C. Deyherle

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 24, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 5 1 hr. _____ min.

9. Birthplace Iron Mountain Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk - Retired

11. Industry or business

12. Name Frederick Deyherle
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant William M. Deyherle
(b) Address 4407a Clarence Ave

17. (a) Burial (b) Date thereof May 28 '43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Kraeger-Voss-Fix

(b) Address 3402 No. Kingshighway

19. (a) MAY 27 1943 (b) J. F. Rudebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3504a University Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1943 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov. 15th, 1939 to May 25, 1943
that I last saw him alive on May 24, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic interstitial nephritis Duration 5y+

Due to _____
Due to _____

Other conditions Mitral Regurgitation 5y+
(Include pregnancy within 3 months of death)

Major findings: None made PHYSICIAN
Of operations None made
Of autopsy None made
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. F. Rudebeck (M. D. or other) _____
Address 313 N. 9th Date signed 5-27-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.